

CERTIFICATE OF COMPLETION

ONE HOUR OF CONTINUING EDUCATION CREDIT

Name: _____



HAS COMPLETED THE
VARNISH VOLUNTEER TRAINING COURSE
FOR THE
PREVENTIVE SERVICES PROGRAM.

THE PREVENTIVE SERVICES PROGRAM IS OFFERED AS A
SERVICE OF THE
DEPARTMENT OF HEALTH AND SENIOR SERVICES
ORAL HEALTH PROGRAM.

FOR MORE INFORMATION GO TO :
WWW.HEALTH.MO.GOV/PSP OR CALL: 800-891-7415

Date: _____